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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Discover Your Faith Ministries, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tarrel D. Davis
Name (Printed or typed)

P.O. Box 492
Address

Fort Meade, FL 33841
City, State & Zip

863-612-7372
Daytime Telephone number

TarrelDavis@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Discover Your Faith Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
310 North Perry Avenue
Fort Meade, FL 33841

Mailing address, if different is:
P.O. Box 2293
Bartow, FL 33831

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate exclusively as a faith based nonprofit charitable organization providing education, leadership & life skills training for young men in need of direction, purpose & stability through the means of housing & christ centered programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected during our first board meeting on January 7, 2012.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Pres	Name and Title: <u>Tarrel D. Davis, P/Dir</u>	Name and Title: <u>Clinton P. Cornelius, Dir.</u>
	Address: <u>P.O. Box 492</u>	Address: <u>720 North Orange Avenue</u>
	<u>Fort Meade FL 33841</u>	<u>Fort Meade, FL 33841</u>
<hr/>		
Tres.	Name and Title: <u>Lance Fulse, T/Dir</u>	Name and Title: <u>Rubin E. Ancrum, Dir</u>
	Address: <u>414 North Polk Avenue</u>	Address: <u>2205 Eo Douglas Drive</u>
	<u>Fort Meade, FL 33841</u>	<u>Sebring, FL 33870</u>
<hr/>		
Sect.	Name and Title: <u>Kelly D. Cline, S/Dir</u>	Name and Title: _____
	Address: <u>9539 Williamsburg Drive</u>	Address: _____
	<u>Winter Haven, FL 33884</u>	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tarrel D. Davis
Address: 310 North Perry Avenue
Fort Meade FL 33841

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tarrel D. Davis
Address: P.O. Box 492
Fort Meade, FL 33841

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tarrel D. Davis
Required Signature of Registered Agent

9/12/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tarrel D. Davis
Required Signature of Incorporator

9/12/12
Date

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TALLAHASSEE, FLORIDA